

CITY OF SAN DIEGO
2009 Junior Lifeguard Program Waiver and Release of Liability

For and in consideration of the participation in the Junior Lifeguard Program of the City of San Diego, I acknowledge and agree that:

1. The City of San Diego does not maintain health insurance for injuries to the junior lifeguard participants that may arise out of involvement in the Junior Lifeguard Program;
2. By virtue of my participation I risk bodily injury, including paralysis, dismemberment, and death, and other loss including damage to property;
3. I knowingly and freely assume all such risk;
4. Said participant shall take a physical test of swimming skills and also engage in various physical activities on the beaches and in the waters of the Pacific Ocean and Mission Bay. I (we), the undersigned parent(s)/guardian(s) do release, hold harmless and promise not to sue the City of San Diego, its officers, agents, employees, with respect to any and all such injury, paralysis, dismemberment, property damage, death or loss, except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations;
5. I will inform my child that he/she must follow all Junior Lifeguard Program safety rules as well as any other rules or directions given during participation in the Program. My child and I (we) realize that participation in all Junior Lifeguard Program activities and events are voluntary.
6. Unless prior arrangements are made the City of San Diego shall not be held accountable for children's safety after program hours.

Student's Name

Student's Date of Birth

This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above.

Parent and/or Legal Guardian

Date

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In accordance with California Family Code Section 6910, I (we) _____ give authorization to a physician or surgeon, licensed under the provisions of the Medical Practice Act, for (student=s name) _____ to receive care and/or emergency medical treatment when necessary.

I understand and agree that any expenditure incurred for the care and transportation of the above named minor is my responsibility.

June 17 to August 14, 2009

Period Covered (dates)

Parent and/or Legal Guardian

Date Signed

Telephone Number